GUIDANCE NOTE ON PASSIVE SMOKING IN THE WORKPLACE [NOHSC:3019(1994)]

JULY 1994

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The National Occupational Health and Safety Commission has adopted a *Guidance Note on Passive Smoking in the Workplace*

The expectation of the National Commission is that guidance notes will provide detailed information for the use by unions, employers, management, health and safety committee representatives, safety officers, occupational health and safety professionals and others requiring guidance.

It should be noted that National Commission documents are instruments of an advisory character, except where a law, other than the *National Occupational Health and Safety Commission Act 1985* (Cwlth), or an instrument made under such a law, makes them mandatory. The application of any National Commission document in any particular State or Territory is the prerogative of that State or Territory.

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National Occupational Health and Safety Commission

GUIDANCE NOTE ON PASSIVE SMOKING IN THE WORKPLACE [NOHSC:3019(1994)]

JULY 1994

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Canberra

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FOREWORD

The National Occupational Health and Safety Commission is a tripartite body established by the Commonwealth Government to develop, facilitate and implement a national occupational health and safety strategy.

This strategy includes standards development, the development of hazard-specific and industry-based preventive strategies, research, training, information collection and dissemination and the development of common approaches to occupational health and safety legislation.

The National Commission comprises representatives of the peak employee and employer bodies—the Australian Council of Trade Unions and the Australian Chamber of Commerce and Industry—as well as the Commonwealth, State and Territory governments.

Consistent with the National Commission's philosophy of consultation, tripartite standing committees have been established to deal with issues relating to standards development, research and the mining industry. Expert groups and reference groups may be established to provide advice to the standing committees on those issues with which the National Commission is concerned.

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PREFACE

The National Occupational Health and Safety Commission at its 35th meeting on 16-17 June 1994 endorsed the release of this document for publication as a national guidance note.

This *Guidance Note on Passive Smoking in the Workplace* [NOHSC:3019(1994)] provides advice to employers, unions, occupational health and safety practitioners, managers, health and safety committees and representatives, medical practitioners and others on how the difficult issue of passive smoking in the workplace can be addressed.

The document has a four part structure with supporting appendixes. These parts cover the identification of the issue of passive smoking as an occupational health and safety hazard, the assessment of the risk associated with environmental tobacco smoke in a particular workplace, the control of that risk and advice on implementation of a workplace policy to eliminate or control the risks of passive smoking.

There are three supporting appendixes. Appendix 1 and Appendix 2 provide advice for workplaces undertaking elimination of environmental tobacco smoke. These appendixes provide generic guidance on implementation of a smoke-free workplace and a generic example of a smoke-free workplace policy. They can be amended to suit the needs of a particular workplace or other more suitable examples can be obtained to reflect the specific needs of a particular workplace.

Where there is a need for further advice on passive smoking in the workplace, the relevant occupational health and safety or health authority in your State or Territory may be able to assist. Contact details are provided at Appendix 3.

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1. PASSIVE SMOKING AS A RISK TO OCCUPATIONAL HEALTH AND SAFETY

INTRODUCTION

1.1 The National Commission has resolved that, given the health risks of passive smoking, a tobacco smoke-free work environment should be the objective for Australian workplaces. This commitment by the National Commission is consistent with the view that all atmospheric contaminants in work environments capable of causing ill-health should be eliminated or controlled.

1.2 The purpose of this guidance note is to provide information for use by employers, unions, occupational health and safety practitioners, managers, health and safety committees and representatives, medical practitioners and others involved in the development and implementation of policies on workplace smoking.

1.3 This guidance note has been developed to provide workplaces with practical assistance in eliminating or controlling the risks of environmental tobacco smoke.

Employers are also responsible, as far as is practicable, for the health and safety of persons who enter the workplace. Where practicable, smoking should be eliminated from areas of public contact. However, public or client demand for access to smoking areas is possibly the key reason why it may not yet be practicable for a workplace to be smoke-free.

In recognition of the particular problems within the hospitality industry in dealing with these issues, additional material for the hospitality industry derived from this generic guidance note is to be developed, taking into account the views of the industry parties.

SCOPE OF THE PROBLEM

1.4 There is an increasing body of scientific evidence, endorsed by the National Health and Medical Research Council and the World Health Organization, pointing to the unhealthy effects of 'passive smoking' due to the breathing in of other peoples' tobacco smoke.

1.5 Most work environments contain furniture, fittings, paper products and chemicals which are fire hazards. Control of tobacco smoking and the habits associated with it, among other measures, is essential to the reduction of fire and explosion risks.

WHAT IS 'PASSIVE SMOKING'?

1.6 'Passive smoking' describes the involuntary inhalation of other peoples' tobacco smoke.

1.7 It may take the form of either 'mainstream smoke' inhaled and exhaled by the smoker, or 'sidestream smoke' emitted directly from burning tobacco.

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1.8 The term 'environmental tobacco smoke' refers to the combination of sidestream and exhaled mainstream smoke in the atmosphere.

1.9 Smoke inhalation by people who are not themselves smoking is, therefore, unintended or involuntary.

THE RELATIONSHIP BETWEEN PASSIVE SMOKING AND ILL-HEALTH

1.10 A large number of studies have been undertaken on the relationship between passive smoking and ill-health. Passive smokers risk diseases caused by environmental tobacco smoke without smoking tobacco themselves.

1.11 This *Guidance Note on Passive Smoking in the Workplace* [NOHSC:3019(1994)] has been prepared on the basis that medical and scientific evidence exists suggesting a relationship between passive smoking and ill-health in enclosed workplaces, which warrants a major preventive initiative on passive smoking in Australian workplaces.

Research on the Medical Effects of Tobacco Smoke Inhalation

1.12 The causal connection between tobacco smoke inhalation and various medical conditions has been the subject of considerable research.

1.13 This International Agency for Research on Cancer, an agency of the World Health Organization, lists mainstream tobacco smoke as a Group 1* carcinogen. While this clearly applies to the effects of active smoking, the International Agency for Research on Cancer has also concluded that passive smoking does carry some risk of lung cancer. The United States Environmental Protection Agency has also classified tobacco smoke as a Group A† carcinogen.

1.14 In Australia, the National Health and Medical Research Council has produced a report on the effects of passive smoking on health, based on a thorough review of the literature[1]. The National Health and Medical Research Council has identified a number of relationships between passive smoking and ill-health.

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* Group 1 - The agent (mixture) is carcinogenic to humans. This category is used when there is sufficient evidence of carcinogenicity in humans. See: International Agency for Research on Cancer, *IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans: Tobacco Smoking*, World Health Organization, Geneva, vol 38, 1986.

† Group A (known human) carcinogen designation is used when there is sufficient evidence from epidemiological studies to support a causal association between exposure to the agents and cancer. See United States Environmental Protection Agency, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, United States Environmental Protection Agency, Washington DC, 1992, p 63.

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1.15 The National Health and Medical Research Council's 1987 report *Effects of Passive Smoking on Health*[1] states the following on the relationship between passive smoking and the respiratory tract and development of lung cancer:

> *The Council notes that the epidemiological evidence shows that inhalation of passive smoke by healthy individuals and those with pre-existing respiratory disease commonly causes acute irritant effects in the upper and to a lesser extent the lower respiratory tracts. There are sufficient data to indicate that asthmatics may suffer significant acute effects following exposure to passive smoke.*
>
> *The Council notes that there is mounting epidemiological evidence that passive smoking may increase the risk of occurrence of lung cancer. Despite limitations in the amount of data available, and despite research difficulties in making satisfactory estimations of individual exposure, a consistent pattern of moderately increased risk of lung cancer in passive smokers has emerged. In view of this pattern, of the known and substantial increase of lung cancer in active smokers (and the lack of a threshold dose), and of the documented levels of bodily assimilation of passively-inhaled smoke, it is therefore prudent public health policy to infer an increased risk from passive smoking.*

1.16 References to extensive literature on the medical evaluation of the health risks of passive smoking are also contained in the Federal Court finding of Justice Morling in February 1991[2] and a subsequent full Federal Court appeal in December 1992[3].

Interactive Effects of 'Concurrent Smoking'

1.17 Tobacco smoke inhalation that is concurrent with exposure to other hazards present in a workplace can compound the health effects of those hazards[4].

1.18 For example, smoking is known to increase the risk of lung cancer for people exposed to asbestos. There are other interactions with substances such as cement dust, chlorine and irritant gases. It is not known at present whether there are similar health effects from passive smoking.

THE LEGAL POSITION

Occupational Health and Safety Legislation

1.19 Under occupational health and safety legislation, employers are required to take all measures that are practicable to protect employees and others in the workplace in relation to their health, safety and welfare. This entails employers assessing potential hazards and taking steps to eliminate or control them.

1.20 Environmental tobacco smoke is one of a number of major airborne contaminants and employers are required to take preventive steps to ensure that overall air quality at a workplace does not endanger the health, safety or welfare of any employee.

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1.21 An implication of recent legal cases is that passive smoking constitutes a risk which may lead to a breach of the statutory obligations under occupational health and safety legislation. In other words, employers who continue to allow smoking at the workplace which constitutes a health, safety and welfare risk to employees could be in contravention of their legislative obligations.

1.22 Legislative obligations for health and safety at the workplace applies to employees as well as employers. Employees have an obligation to take reasonable care for the health and safety of persons who are at their place of work and who may be affected by their acts. There is a further obligation to cooperate with the employer as far as is necessary to enable requirements imposed for health and safety at work to be complied with. Accordingly, smokers in an enclosed workplace, for example, should be aware of the legal implications of their actions.

Other Legal Issues

Workers' Compensation

1.23 The workers' compensation system encompasses a legal framework for dealing with work injuries, including those arising from passive smoking. The principal issue is whether the work environment or work performed contributed to the disease or illness suffered, or that aggravation/exacerbation of an existing disease occurred due to the workplace environment.

Common Law

1.24 The use of the common law in recent court cases[5] has further highlighted an employer's obligations to provide a safe and healthy workplace. In determining whether failing to provide a smoke-free workplace constitutes negligence, the court must consider whether the employer took reasonable action to reduce the risk associated with passive smoking. This may include actions taken to minimise the risks, such as a no-smoking policy.

Direct Bans on Smoking in Certain Workplaces or in Special Circumstances

1.25 In Australia a number of legislative provisions exist which either specifically ban smoking or make provision for regulations to control smoking in various circumstances. These are the only workplaces or special circumstances where smoking is specifically prohibited by law. In general, these specific prohibitions relate to explosion and fire risks or public health issues.

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2. ASSESSMENT OF RISK IN THE WORKPLACE

OVERVIEW OF ASSESSMENT

2.1 Where passive smoking occurs at a workplace, the employer should ensure that an assessment of the risk due to exposure to environmental tobacco smoke is undertaken.

2.2 The overall objective is to prevent exposure to environmental tobacco smoke as far as practicable. When a completely smoke-free workplace is not practicable, the assessment should determine appropriate control measures, safe work practices and procedures to improve the quality of the air in the workplace and to prevent or minimise exposure of employees to environmental tobacco smoke.

2.3 The assessment should include:

- determination of the current extent and locations of smoking in the workplace;
- identification of high risk or prohibited areas such as those near stored explosives or hazardous substances;
- identification of outdoor, partially enclosed or indoor areas;
- observation of work processes and physical layout and identification of persons who may be exposed to passive smoking;
- examination of form(s) of ventilation;
- determination of the level, frequency and duration of exposure for each person, having regard to the risk from inhalation of side-stream tobacco smoke; and
- determination of the frequency and duration of client or public contact.

2.4 There may be other factors relevant to specific workplaces which need to be considered.

2.5 A definitive determination of the level of risk due to environmental tobacco smoke using environmental monitoring is not possible. However, tobacco smoke has been classified by the International Agency for Research on Cancer and the United States Environmental Protection Agency as a human carcinogen. A general principle of controlling carcinogenic substances is to keep levels of exposure as low as reasonably achievable.

2.6 An exposure standard for environmental tobacco smoke has not been determined. The International Agency for Research on Cancer has concluded that passive smoking does carry some risk of lung cancer. Therefore, in the case of environmental tobacco smoke, the principle of elimination, wherever practicable, applies. However, if this is not practicable, other control measures should be implemented to minimise exposure.

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GUIDANCE ON FACTORS TO CONSIDER IN AN ASSESSMENT

The Current Extent and Locations of Smoking in the Workplace

2.7 Identifying where smoking occurs in the workplace will provide an indication of the extent of the hazard and influence the method of control.

High Risk and Prohibited Areas

2.8 Smoking should be eliminated from those areas where it is prohibited by legislation, where flammable or hazardous substances exist and where other factors increase the risk to the health and safety of employees and others in the workplace.

2.9 In Australia a number of legislative provisions exist which either specifically ban smoking or make provision for regulations to control smoking in various circumstances.

2.10 These legislative provisions include those relating to:

- food hygiene;
- dangerous goods;
- construction safety;
- mines;
- passenger transport;
- local government; and
- public health.

Identification of Outdoor, Partially Enclosed or Indoor Areas

Outdoor or Partially Enclosed Areas

2.11 From a health and safety perspective, passive smoking is not considered to be a hazard in outdoor workplaces where the following three criteria are met:

- there is a constant movement of substantially fresh air which immediately dissipates environmental tobacco smoke;
- a smoker is not in proximity to non-smokers; and
- there are no flammable or other hazardous substances present.

2.12 Provided that the above circumstances exist, there is no need to implement a no-smoking policy in outdoor workplaces. It should be noted, however, that there are certain outdoor workplaces or circumstances (generally involving flammable or other hazardous substances or food preparation) where smoking is specifically prohibited.

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2.13 External areas of workplaces may also be appropriate for smoking. These external areas could include rooftops, balconies, verandahs, street fronts, car parks, loading bays, atriums and external areas adjacent to the internal workplace that are covered but not enclosed, such as a canopy or tent roof. However, these areas should meet the same criteria as described in section 2.11.

Indoor Areas

2.14 Indoor or other enclosed workplaces do not have the same inherent safeguards against the effects of passive smoking as outdoor environments, that is, movement of substantially fresh air. Conventional air conditioning systems do not effectively remove the fine particulates and gaseous components contained in environmental tobacco smoke.

2.15 The air conditioning and other ventilation systems in buildings were generally designed before the effects of passive smoking and other airborne contaminants on ill-health were widely recognised. They generally do not replicate the outdoor environment in the sense of a constant movement of substantially fresh air which prevents the involuntary inhalation of other people's tobacco smoke.

Physical layout

2.16 The physical layout of an indoor workplace, such as the presence of floor to ceiling partitions or walls, should be considered in conjunction with the ventilation system and client factors, as these will significantly affect the possibility of using workplace design and layout to isolate environmental tobacco smoke.

Ventilation

2.17 Consideration should be given to the form of ventilation and whether the system is shared, for example, in a multi-tenanted building. Air conditioning systems may spread environmental tobacco smoke between different areas of a building.

Level, frequency and duration of exposure

2.18 The likelihood of risk to health and safety is proportional to the degree of exposure to environmental tobacco smoke. The risk increases:

- as the concentration of environmental tobacco smoke increases;
- as the number of exposure episodes increase; and
- the longer the duration of each episode.

2.19 Employees or clients with an existing respiratory condition may be more likely to experience ill-health due to exposure to environmental tobacco smoke in all of the above scenarios.

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Client/public contact

2.20 Employers are also responsible, as far as is practicable, for the health and safety of persons who enter the workplace. Where practicable, smoking should be eliminated from areas of public contact. However, public or client demand for access to smoking areas is possibly the key reason why it may not yet be practicable for a workplace to be smoke-free.

WHERE AN ASSESSMENT CAN LEAD

2.21 The assessment process should evaluate each of the relevant factors to determine the most appropriate course of action. The following examples illustrate how this could be done:

Example 1.

From an assessment of the workplace it is established that:

(a) both employees and clients are smoking throughout the workplace;

(b) clients are in a long term, residential living environment;

(c) a completely smoke-free workplace is not practicable;

(d) there are outdoor areas which are well ventilated; and

(e) there are indoor areas, clients' personal living space, which are physically isolated from other areas of the workplace.

As a result of the assessment, it is resolved to prevent smoking except in outdoor areas and clients' personal living space.

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Example 2.

From an assessment of the workplace it is established that:

(a) some employees are smokers and the current practice is to smoke in the canteen which is shared by smokers and non-smokers;

(b) there are high risk indoor work areas due to storage of chemicals and flammable substances;

(c) there is an undercover verandah along one side of the premises;

(d) ventilation in the canteen is inadequate to control environmental tobacco smoke; and

(e) client or public contact is confined to the front office and is short term.

As a result of the assessment, it is resolved to restrict smoking to the outdoor verandah area during normal work breaks.

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3. CONTROL OF EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE

3.1 In controlling risks to health from environmental tobacco smoke, the employer should first consider elimination of the hazard as the preferred means of controlling the risk. If this is not practicable, the employer should ensure that the risk to health is controlled in accordance with the following hierarchy of control measures.

HIERARCHY OF CONTROL MEASURES

3.2 The hierarchy of control measures sets out the preferred order for implementation. This is as follows:

- elimination of environmental tobacco smoke;
- isolation of the hazard;
- engineering controls; and
- administrative controls.

3.3 Application of the hierarchy of control measures involves firstly assessing whether environmental tobacco smoke can be eliminated. Where this is not practicable, consideration should be given to each of the other control measures in turn, until the most effective control measure or combination of control measures is identified.

ELIMINATION—WORKPLACES WHERE A SMOKE-FREE ENVIRONMENT IS PRACTICABLE

3.4 Wherever practicable, work areas should be smoke-free. In many workplaces, even though smoking is not prohibited by law, it is practicable to establish a smoke-free workplace in order to prevent passive smoking.

3.5 Examples of workplaces where it may be practicable to prohibit smoking are:

- office accommodation;
- open-plan areas such as retail stores;
- workshops and other industrial workplaces;
- indoor, enclosed or poorly ventilated areas; and
- areas where no prolonged client contact exists.

CONTROL OF ENVIRONMENTAL TOBACCO SMOKE IN WORKPLACES WHERE A SMOKE-FREE ENVIRONMENT IS NOT PRACTICABLE

3.6 Where a smoke-free work environment is not practicable, an assessment of work areas should be undertaken to determine arrangements that will maximise the number of smoke-free areas and, where smoking is permitted, minimise exposure to environmental tobacco smoke.

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3.7 Situations where it is not practicable to prohibit smoking should be considered as exceptional and other action should be taken to protect employees from environmental tobacco smoke. In these situations, the employer should consider limiting smoking to Designated Smoking Areas which are ventilated according to the available ventilation guidelines for smoking areas (see sections 3.13-3.19) and sufficient to contain environmental tobacco smoke within the Designated Smoking Area.

3.8 Examples of situations where it may not be practicable to eliminate smoking are:

- personal/client space within residential living environments; and
- where 'quality of life' considerations exist, such as facilities providing care for long term, bed-confined or terminally ill residents.

3.9 In these workplaces other control measures should be used in accordance with the hierarchy of control measures to minimise exposure to environmental tobacco smoke and ensure that smoking is restricted to Designated Smoking Areas.

3.10 In recognition of the particular problems within the hospitality industry in dealing with these issues, additional material for the hospitality industry derived from this generic guidance note is to be developed, taking into account the views of the industry parties.

IMPLEMENTING THE HIERARCHY OF CONTROL MEASURES TO CONTROL ENVIRONMENTAL TOBACCO SMOKE

Elimination of Environmental Tobacco Smoke

3.11 The elimination of environmental tobacco smoke from a workplace is the most effective control measure. This is best achieved by the implementation of a smoke-free workplace. A recommended approach is provided at Appendix 1.

Isolation of the Hazard

3.12 This option involves a physical barrier which restricts environmental tobacco smoke to specific areas. Examples of isolation are:

- Designated Smoking Areas within internal areas of workplaces. It may be possible to enclose or isolate smokers by way of redesign of internal work areas. Such an option by necessity requires negative pressure ventilation of such a standard to prevent involuntary inhalation of environmental tobacco smoke and contamination of smoke-free areas.

- Restricting smoking to external areas only. This may include balconies and landings provided that ventilation is of such a standard that it prevents involuntary inhalation of environmental tobacco smoke and does not contaminate smoke-free areas.

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Engineering Controls

3.13 Natural ventilation, involving doors and windows that are manually or automatically opened or closed, is not generally adequate to control environmental tobacco smoke.

3.14 Mechanical ventilation systems, involving fans, filtering devices and ducting, can be used to reduce environmental tobacco smoke in various situations. Air conditioning systems are a form of mechanical ventilation which controls temperature, humidity and air contaminants as well as supplying fresh air from outside the building.

3.15 Effective air conditioning systems can reduce some air contaminants to a certain extent by diluting the contaminated air with fresh air from outside the building and removing some particulate components of contaminated air. Normal filtration mechanisms in air conditioning systems remove some of the fine particulates but not gaseous components of environmental tobacco smoke from recirculated (return) air.

3.16 Special technology is continually being developed to remove environmental tobacco smoke from contaminated air using a combination of techniques such as HEPA filters, electrostatic precipitators, charcoal filters and special air flow arrangements. However, such systems at present are complex, expensive and require a standard of maintenance beyond those normally used.

3.17 Australian Standard AS 1668.2 *The Use of Mechanical Ventilation and Air-conditioning in Buildings, Part 2: Mechanical Ventilation for Acceptable Indoor Air Quality*[6] specifies requirements for mechanical ventilation systems, including outside air ventilation flow rates for rooms occupied by smokers and others. The requirements of the standard were developed from a consideration of health and comfort (odour) issues. However, the extent to which these requirements alleviate the risk resulting from environmental tobacco smoke does not appear to have been quantified.

3.18 There are also a number of international standards, such as the American Society of Heating, Refrigerating and Air-conditioning Engineers' standard, which may provide further advice[7].

3.19 If Designated Smoking Areas are provided, they should be maintained under negative pressure with respect to adjacent areas within the building. The areas should be enclosed and exhausted directly to the outside of the building, with no recirculation of environmental tobacco smoke contaminated air to the rest of the building.

Administrative Controls

3.20 It is unlikely that administrative controls in isolation will be sufficient to control exposure to environmental tobacco smoke, but they may be used in conjunction with other control measures. This option includes job rotation. This measure may reduce the effects of acute exposure by rotating the duties which may bring an employee into contact with environmental tobacco smoke.

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4. IMPLEMENTATION OF A WORKPLACE POLICY—THE KEY PRINCIPLES

4.1 In implementing a workplace policy, the following principles should be followed.

PRINCIPLE 1—CONSULTATION

4.2 Consultation with employees during the development and implementation of a workplace program is essential for its success. Discussion with members of an occupational health and safety committee, where one exists, or with occupational health and safety representatives is the appropriate way to begin this consultation.

4.3 Unions, employer associations and professional bodies can assist with advice on program development and materials to help in the implementation of a workplace program.

4.4 To ensure effective progress toward a workplace program, a timeframe for implementation outlining the major stages should be agreed between the employer and employees (or their representatives).

PRINCIPLE 2—ORGANISATIONAL SUPPORT

4.5 Demonstrated commitment by management is essential.

4.6 A workplace program to eliminate or control the risks of passive smoking needs to be observed by all employees if it is to be effective. In all workplaces, all levels of employees will need to be involved in the consultation process as well as participating in programs. Any policy must apply equally to employers and employees.

4.7 The development of an educational support program may ensure the successful implementation of a workplace policy. An education and information program should include the health effects of passive smoking, the reason for introduction of the policy and the timetable for its introduction. Various techniques for the dissemination of information as appropriate to a particular workplace, such as in-house newsletters, noticeboards, discussion sessions, videos and presentations by guest speakers, may be considered.

PRINCIPLE 3—TIMETABLE

4.8 Once an organisational commitment to eliminate or control the risks of passive smoking has been made, then a workplace program should be phased in according to an agreed timetable.

4.9 This phasing-in period should be developed in consultation with employees. Specifying such a timetable recognises that program implementation will take place progressively and in a way that suits each workplace.

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4.10 The timeframe for implementation of the policy may differ between organisations. Smaller organisations which do not expect to face issues of complexity may be able to achieve substantial progress within six months. In contrast, larger organisations and those dealing with complex issues, such as implementing appropriate engineering controls, may take between 12 and 24 months to meet their objectives.

4.11 It is necessary that the timeframe be appropriate to the particular workplace to enable achievement of the objectives set out in its policy. Adequate time should be set aside for consultation, education on relevant issues and the development of confidence in the implementation process prior to the implementation of a workplace policy.

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AN IMPLEMENTATION FRAMEWORK FOR A SMOKE-FREE WORKPLACE

A1.1 This appendix has been provided as advice for workplaces that have decided from their assessment of the risk of passive smoking to eliminate environmental tobacco smoke by the implementation of a smoke-free workplace.

A1.2 After it has been decided to implement a workplace program, a number of approaches may be taken. These depend on the time over which the program is to be implemented and the degree to which the physical layout of the workplace needs to be changed.

A1.3 Three components are necessary to ensure success:

- education and information programs;
- a work environment that enables the workplace program to be implemented; and
- personnel support facilities.

EDUCATION AND INFORMATION

A1.4 Education and information programs should be developed and provided to all employees about:

- the effects of passive smoking on health;
- the reasons for the workplace policy; and
- the timetable for the program's introduction.

This information should be available in a form readily understandable to all employees. It should be in plain language and may also need to be translated for those of non-English speaking backgrounds.

WORK ENVIRONMENT

A1.5 The changes to the work environment required to introduce a workplace program will realistically take account of the nature of the particular workplace, for example:

- the physical layout of the workplace;
- the nature of the work; and
- the availability and effectiveness of ventilation if there are to be Designated Smoking Areas.

A1.6 Implementing changes to the work environment should include the steps outlined below.

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Step 1—In all Workplaces, Particular Areas Should be Designated Immediately as Smoke-free Areas

A1.7 Areas which should be considered for immediate designation as smoke-free areas include, so far as practicable:

- fire hazard areas;
- fire escapes;
- conference rooms, training areas and interview rooms;
- areas in which chemicals are stored or areas containing flammable substances;
- areas used for food preparation;
- sick rooms and first aid posts;
- confined and poorly ventilated spaces;
- toilets;
- stairways/stairwells and other major internal thoroughfares;
- libraries;
- motor vehicles with passengers;
- enclosed areas of public access, for example, foyers;
- lifts;
- areas where equipment can be damaged by smoke, for example, computer rooms, photocopier rooms and storerooms; and
- lunch rooms and employee recreation areas.

Step 2—Work Areas Should be Made Smoke-free

A1.8 Smoke-free work areas are needed from the beginning of the program for the health and comfort of non-smoking employees. It will also indicate to employees that there is an organisational commitment to the introduction of a smoke-free workplace.

Step 3—Signs Should Indicate Clearly the Presence of a Smoke-free Area

A1.9 Signs using standard symbols are available from organisations listed under the heading 'Other Organisations' at Appendix 3 of this guidance note.

A1.10 If signs are situated at the entrance to smoke-free areas, then provide ash trays or smokers' bins immediately outside the smoke-free area.

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

Step 4—The Sale of Tobacco Products Should be Stopped on the Premises

A1.11 Cigarette vending machines should not be installed. Existing machines should be removed according to a timetable.

A1.12 The reasons for this action, and the timetable for its implementation, should be publicised among employees.

PERSONNEL POLICIES

A1.13 The introduction of a policy for a smoke-free work environment will benefit all who work there. Its introduction needs sensitivity on the part of smokers, non-smokers, management, supervisors and other employees. Consultation and an explanation of the changes planned, and the reasons for them, will be necessary. A reasonable but firm management commitment to change, coupled with consideration of the issues and for the concerns of employees, both smokers and non-smokers, will be essential.

A1.14 Implementing changes to personnel policies includes the following:

- Offer smokers access to programs which help people to stop smoking, for example, counselling programs and the QUIT program. Implementation of a workplace program combined with access to skilled counselling programs may be of great benefit in helping people who may wish to give up smoking.

- Job recruitment advertisements should clearly state that employees will be working in a smoke-free environment. (However, smokers should not be discriminated against in the offer of employment.)

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

A MODEL POLICY FOR A SMOKE-FREE WORKPLACE

INTRODUCTION

A2.1 Passive smoking (the inhalation of sidestream or mainstream smoke) increases the risk of lung cancer and heart disease, and is also dangerous for people with existing heart or respiratory conditions.

A2.2 Passive smoking can trigger asthma attacks, increase the chance of chest infections, cause watery eyes, headaches and sore throats.

A2.3 XYZ (insert company name) has a duty of care under occupational health and safety legislation to provide a safe and healthy work environment for all employees.

A2.4 XYZ considers that smoking at work increases the risk to employees' health and contravenes its legal duty of care. XYZ has therefore adopted a Smoke-free Workplace Policy.

OBJECTIVES

A2.5 XYZ aims to achieve a smoke-free workplace by (insert target date) to protect all employees from the effects of environmental tobacco smoke. The entire premises will become smoke-free by this date.

A2.6 To assist smokers who may wish to modify or quit smoking, support will be provided to help them adjust to the changes.

IMPLEMENTATION

A2.7 To design the best way of introducing such a policy, a working party with representatives from all groups affected by this policy has been set up. At the recommendation of the working party, the following timetable outlines a gradual progression to no smoking in all indoor areas.

A2.8 From (insert first action date) smoking will only be allowed (list locations or times).

A2.9 By consensus, staff in a designated work area may declare their area to be totally smoke-free from this date. Smoking will not be allowed in meeting rooms, staff rooms and company motor vehicles (insert others as appropriate).

A2.10 From (insert next action date) smoking will not be permitted in indoor work areas. (Insert number) adjustment breaks of (insert number) minutes each day may be taken where necessary and practicable. Cigarette sales will also cease from this date (insert only if appropriate).

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

A2.11 The Smoke-free Workplace Policy becomes fully effective on (insert date). Employees who wish to smoke during work hours may only do so in their scheduled breaks (or if a flexitime system operates, in their own time). Adjustment breaks will no longer be allowed.

A2.12 From (insert final date) XYZ will be totally smoke-free.

POLICY DETAILS

A2.13 Employees will be given the opportunity to attend a meeting to discuss the implementation of the Smoke-free Workplace Policy.

A2.14 The responsibility for enforcing the policy rests with managers and supervisors. Employees are reminded that they are obliged under occupational health and safety legislation to protect the health of their fellow employees. This may be done by complying with this policy.

A2.15 Further sources of advice and further information to assist you when developing and implementing a policy are provided at Appendix 3.

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

SOURCES OF ADVICE AND FURTHER INFORMATION

A3.1 The following publications may be useful references on passive smoking.

HEALTH EFFECTS AND POLICY IMPLEMENTATION

National Health and Medical Research Council, *Effects of Passive Smoking on Health*, 1987.

United States Environmental Protection Agency, *Respiratory health effects of passive smoking: lung cancers and other disorders*, December 1992.

United States Department of Health and Human Services, *The health consequences of involuntary smoking - a report by the Surgeon General*, 1986.

National Heart Foundation, *Going smoke-free - A guide for workplaces.*

Victorian Smoking and Health Program, *Working Smoke-free - Policy Development and Implementation Guide*, 1990.

South Australian Tobacco Program, South Australian Health Commission/South Australian Occupational Health and Safety Commission, *Working Smoke-free - A Guide for a Healthier Workplace*, 1991.

Health Promotion Programs, South Australian Health Commission/South Australian Smoking and Health Project, *Developing and Implementing a Smoke-free Workplace*, 1992.

Health Promotion Programs, South Australian Health Commission/South Australian Smoking and Health Project, *Understanding the Health and Legal Implications of Passive Smoking in the Workplace*, 1992.

Other Commonwealth, State and Territory publications on this issue.

ENGINEERING CONTROLS

Guidance on air flow rates can be obtained from:

Standards Australia, Australian Standard AS 1668.2 - *The Use of Mechanical Ventilation and Air-conditioning in Buildings, Part 2: Mechanical Ventilation for Acceptable Indoor Air Quality.*

American Society of Heating, Refrigerating and Air-conditioning Engineers, *ASHRAE Standard, Ventilation for Acceptable Indoor Air Quality*, 1989.

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

A3.2 Relevant public authorities and organisations which can provide further advice on passive smoking issues are listed below.

OCCUPATIONAL HEALTH AND SAFETY ORGANISATIONS

WorkCover Authority of New South Wales
400 Kent Street
SYDNEY NSW 2000

Locked Bag 10
Clarence Street
SYDNEY NSW 2001

Phone: (02) 370 5000
Fax: (02) 370 5999

Victorian Occupational Health and Safety Authority
Ground Level
Building B
World Trade Centre
Corner Flinders and Spencer Streets
MELBOURNE VIC 3005

PO Box 414
MELBOURNE VIC 3005

Phone: (03) 628 8188
Fax: (03) 628 8397

Division of Workplace Health and Safety
Department of Employment, Vocational Education, Training and Industrial Relations
30 Makerston Street
BRISBANE QLD 4000

GPO Box 69
BRISBANE QLD 4001

Phone: (07) 227 4930
Fax: (07) 220 0143

Occupational Health and Safety Division
South Australian WorkCover Corporation
Level 1
Henry Waymouth Building
100 Waymouth Street
ADELAIDE SA 5000

GPO Box 2668
ADELAIDE SA 5001

Phone: (08) 226 3120
Fax: (08) 212 1864

Department of Occupational Health, Safety and Welfare of Western Australia
1260 Hay Street
WEST PERTH WA 6005

PO Box 294
WEST PERTH WA 6872

Phone: (09) 327 8777
Fax: (09) 321 8973

Occupational Health and Safety Branch
Department of State Development and Resources
30 Gordon Hill Road
ROSNY PARK TAS 7018

GPO Box 56
ROSNY PARK TAS 7018

Phone: (002) 33 8333
Fax: (002) 33 8338

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Work Health Authority
66 The Esplanade
DARWIN NT 0800

GPO Box 2010
DARWIN NT 0801

Phone: (089) 89 5010
Fax: (089) 89 5141

ACT WorkCover
Level 1
North Building
London Circuit
CIVIC ACT 2601

PO Box 224
CIVIC SQUARE ACT 2608

Phone: (06) 205 0200
Fax: (06) 205 0797

HEALTH DEPARTMENTS

New South Wales Health Department
73 Miller Street
NORTH SYDNEY NSW 2060

LMB 961
NORTH SYDNEY NSW 2059

Phone: (02) 391 9000
Fax: (02) 391 9101

Victorian Health Department
555 Collins Street
MELBOURNE VIC 3000

PO Box 4057
MELBOURNE VIC 3000

Phone: (03) 616 7777
Fax: (03) 616 8329

Comcare Australia
Corner Moore and Rudd Streets
CANBERRA ACT 2601

GPO Box 9905
CANBERRA ACT 2601

Phone: (06) 275 0000
Fax: (06) 249 7160

Worksafe Australia
92 Parramatta Road
CAMPERDOWN NSW 2050

GPO Box 58
SYDNEY NSW 2001

Phone: (02) 565 9555
Fax: (02) 565 9202

Queensland Health Department
North Building
147-163 Charlotte Street
BRISBANE QLD 4000

PO Box 48
BRISBANE QLD 4000

Phone: (07) 227 7111
Fax: (07) 220 0708

South Australian Health Commission
11-13 Hindmarsh Square
ADELAIDE SA 5000

PO Box 6
Rundle Mall
ADELAIDE SA 5000

Phone: (08) 226 6320
Fax: (08) 226 6316

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

Western Australian Health Department
189 Royal Street
EAST PERTH WA 6004

PO Box 8172
Stirling Street
PERTH WA 6849

Phone: (09) 222 4222
Fax: (09) 222 2088

Tasmanian Health Department
34 Davey Street
HOBART TAS 7000

PO Box 125B
HOBART TAS 7001

Phone: (002) 33 3185
Fax: (002) 31 0735

Northern Territory Health Department
66 The Esplanade
DARWIN NT 0800

GPO Box 2010
DARWIN NT 0801

Phone: (089) 89 5010
Fax: (089) 89 5141

ACT Health Department
ACT Health Building
Corner Moore and Alinga Streets
CANBERRA ACT 2601

GPO Box 825
CANBERRA ACT 2601

Phone: (06) 205 5111
Fax: (06) 205 1300

Department of Human Services and Health (including National Health and Medical Research Council)
26 Furzer Street
WODEN ACT 2606

GPO Box 9848
CANBERRA ACT 2601

Phone: (06) 289 1555
Fax: (06) 282 5430

OTHER ORGANISATIONS

Quit New South Wales
Rozelle Hospital
Balmain Road
ROZELLE NSW 2039

Private Mail Bag No. 6
ROZELLE NSW 2039

Phone: (02) 818 5222
Fax: (02) 818 0441

National Heart Foundation (New South Wales Division)
343-345 Riley Street
SURRY HILLS NSW 2010

PO Box 572
DARLINGHURST NSW 2010

Phone: (02) 211 5188
Fax: (02) 281 9835

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Victorian Smoking and Health Program
25 Rathdowne Street
CARLTON SOUTH VIC 3053

PO Box 888
CARLTON SOUTH VIC 3053

Phone: (03) 663 7777
Fax: (03) 663 7761

National Heart Foundation
(Victorian Division)
411 King Street
WEST MELBOURNE VIC 3003

Phone: (03) 329 8511
Fax: (03) 321 1574

National Heart Foundation
(Queensland Division)
557 Gregory Terrace
FORTITUDE VALLEY QLD 4006

PO Box 442
FORTITUDE VALLEY QLD 4006

Phone: (07) 854 1696
Fax: (07) 252 9697

Health Promotion Team
South Australian Health Commission
Level 8
11 Hindmarsh Square
ADELAIDE SA 5000

PO Box 6
RUNDLE MALL SA 5000

Phone: (08) 226 6329
Fax: (08) 226 6316

South Australian Smoking and Health Project
202 Greenhill Road
EASTWOOD SA 5063

PO Box 929
UNLEY SA 5061

Phone: (08) 291 4141
Fax: (08) 291 4122

National Heart Foundation
(South Australian Division)
155-159 Hutt Street
ADELAIDE SA 5000

PO Box 7174
Hutt Street
ADELAIDE SA 5000

Phone: (08) 223 3144
Fax: (08) 223 1416

Smoking and Health Project
Western Australian Health Department
189 Royal Street
EAST PERTH WA 6004

PO Box 8172
Stirling Street
PERTH WA 6849

Phone: (09) 222 2028
Fax: (09 222 2088

National Heart Foundation
(Western Australian Division)
334 Rokeby Rd
SUBIACO WA 6008

PO Box 1133
SUBIACO WA 6904

Phone: (09) 388 3343
Fax: (09) 388 3383

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

National Heart Foundation
(Tasmanian Division)
86 Hampden Rd
BATTERY POINT TAS 7000

GPO Box 1312N
HOBART TAS 7001

Phone: (002) 34 5330
Fax: (002) 34 5192

National Heart Foundation
(Northern Territory Division)
Unit 3
6 Lindsay Street
DARWIN NT 0800

PO Box 4363
DARWIN NT 0801

Phone: (089) 81 1966
Fax: (089) 41 0344

National Heart Foundation
(National Office)
Corner Denison Street and Geiles Court
DEAKIN ACT 2600

PO Box 2
WODEN ACT 2606

Phone: (06) 282 2144
Fax: (06) 282 5147

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Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

GLOSSARY OF TERMS

'Employee' means an individual who works under a contract of employment, apprenticeship or traineeship.

'Employee representative' includes an employee member of a health and safety committee where established in the workplace, or a person elected to represent a group of employees on health and safety matters.

'Employer' means a corporation or an individual who employs persons under a contract of employment, apprenticeship or traineeship.

Note: The definition of employer includes the self-employed which means a person who works for gain, other than under a contract of employment, apprenticeship or traineeship, whether or not that person employs others.

'Practicable' means 'practicable' in Victoria, Queensland, Western Australia and the Northern Territory, 'reasonably practicable' in New South Wales, South Australia, the Australian Capital Territory and Commonwealth jurisdiction and 'a reasonable precaution' in Tasmania.

'Risk' means the likelihood that a substance will cause harm in the circumstances of its use.

'Workplace' means any place, including any aircraft, ship or vehicle, where a person works, or is likely to work, and includes any place where a person goes while at work.

PM3006558433

Source: https://www.industrydocuments.ucsf.edu/docs/ynwj0001

REFERENCED DOCUMENTS

1. National Health and Medical Research Council, *Effects of Passive Smoking on Health*, Australian Government Publishing Service, Canberra, 1987.

2. Australian Federation of Consumer Organisations Inc v Tobacco Institute of Australia Ltd, *Australian Law Reports*, vol 98, p 670.

3. Tobacco Institute of Australia Ltd v Australian Federation of Consumer Organisations Inc, *Australian Law Reports*, vol 111, p 61.

4. Fraumeni, J F and Blot, W J, 'Lung and Pleura', in Schottenfeld, D and Fraumeni, J F (eds), *Cancer Epidemiology and Prevention*, W B Saunders, Philadelphia, 1982, pp 564-82.

5. Scholem v Department of Health, *Australian Product Liability Reporter*, vol 3, p 45.

6. Standards Australia, Australian Standard AS 1668.2 *The Use of Mechanical Ventilation and Air-conditioning in Buildings, Part 2: Mechanical Ventilation for Acceptable Indoor Air Quality*, Standards Australia, Sydney.

7. American Society of Heating, Refrigerating and Air-conditioning Engineers, *ASHRAE Standard: Ventilation for Acceptable Indoor Air Quality*, American Society of Heating, Refrigerating and Air-conditioning Engineers, Atlanta, 1989.

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MEMBERSHIP OF THE EXPERT WORKING GROUP ON PASSIVE SMOKING IN THE WORKPLACE

The National Commission wishes to thank members of the working group which developed this *Guidance Note on Passive Smoking in the Workplace* [NOHSC:3019(1994)] for their contributions to a document which addresses this important contemporary occupational health and safety hazard. During the development of the guidance note all have made a contribution, however, not all at the same time.

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Dr Greg Ash	ACT WorkCover
Ms Margaret Hay	ACT WorkCover
Renata Musolino	Australian Council of Trade Unions
Mr Patrick McKendry	Australian Hotels Association
Mr Paul Monagle	Australian Hotels Association
Mr Richard Mulcahy	Australian Hotels Association
Mr Bradley Woods	Australian Hotels Association
Mr John Barry	Australian Liquor Hospitality and Miscellaneous Workers' Union
Dr Richard Archer	Comcare Australia
Mr Edmond Hau	Queensland Division of Workplace Health and Safety
Ms Ramsina Daniel	Shop Distributive and Allied Employees Association
Ms Jenny Smith	South Australian Health Commission
Dr Martin Bicevskis	Tasmanian Department of Community and Health Services
Dr Chris Reynolds	University of Adelaide
Ms Angela Emslie	Victorian Employer's Chamber of Commerce and Industry
Dr Ian Payne	Victorian Occupational Health and Safety Authority
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